

Journey to midwifery

Heidi Stone, who won the Student of the Year award at this year's *BJM Awards*, shares the experiences that led her to give up her career in banking and become a midwife.

First things first, I'd better introduce myself. I'm Heidi, a newly qualified midwife, and I was completely shocked but flattered even to be nominated for the *British Journal of Midwifery* Student Midwife of the Year 2016 award in February—let alone to win it!

I am a 43-year-old mother of two. When I was at school, I had no idea what I wanted to do and—as careers in finance were very popular in those days—I left school at 16 with eight GCSEs and went straight into banking. I was married at 23 and then, when I was 28 years old, my husband and I decided to give up our jobs, rent out our house and travel the world for a year. That year turned into 19 months of travelling around Africa, South East Asia, Australia, New Zealand, South and Central America and Galápagos, before heading home via New York. During our travels we embarked on a sky dive, a gorge swing and abseiling; I flew a two-seater plane, got a diving qualification, volunteered in an orphanage, was a midwife to leatherback turtles in Costa Rica and worked in Australia for 6 months—to say it was a life-changing experience is an understatement!

We returned to London in 2001 and I resumed my position in the bank, but the travelling experience had given me the taste to undertake more voluntary work and so I started volunteering in the A&E department of a local hospital, and also gained Level 1 qualification in British Sign Language. Then, in 2005, my daughter Jasmine was born and my whole outlook on life and my career changed overnight. The pregnancy itself was unremarkable and the birth was just perfect; it could have been classed as the ideal 'textbook' pregnancy and birth. The next day, however, our lives were turned upside down when the health care assistant—to whom I am eternally

grateful for her thoroughness—noticed that Jasmine had petechiae, or bruising, around her nappy area. Five minutes later she was whisked off to the special care baby unit for tests while I sat sobbing on the bed, unsure what was happening, being supported by a kind and understanding midwife. They found that Jasmine's platelet count was 14 000/mm³—dangerously low—and we were told not to handle her as it might cause an intracranial haemorrhage. As you can imagine, this was an awful thing for new parents to hear—not being allowed to handle our baby through fear of potentially causing her brain damage or even, at worst, death.

The next few days passed in a blur. Jasmine had a number of blood tests, brain scans, platelet transfusions and intravenous immunoglobulins but it wasn't until she was 2 days old that they discovered she had a rare and serious genetic disorder of the blood, neonatal alloimmune thrombocytopenia (NAIT). This condition, which affects 1 in 1000 births, is caused by maternal antibodies against human platelet alloantigens that bind incompatible fetal platelets and promote their clearance from the circulation (Curtis, 2015). At present, there is no maternal screening for this condition, so many affected babies are diagnosed at birth after presenting with bleeding, bruising, intracranial bleeding or, in the worst case scenario, stillbirth.

Fortunately for our family, Jasmine responded well to treatment with no long-term implications, and after a week in which my husband and I stayed in the hospital with her—being supported by an amazing team of neonatal nurses, paediatricians, doctors and midwives—I was able to establish breastfeeding and we bonded well with her. It was during this time that the seed was sown and I decided that I wanted to do something more with my career; I yearned to be one of those supportive midwives who had been there for our little family.

Fast-forward 6 years to 2011, and I was fortunate to have another child, Ben, who was now 2 years old. He had responded well to the weekly intravenous immunoglobulin treatment that I had been receiving since week 16 of my pregnancy, and was born at 36 weeks via planned caesarean section with a platelet count of 122 and no adverse effects of NAIT. At that time, I was still working at the bank, but always at the back of my mind was the dream of becoming a midwife like the supportive and kind midwives who had been there for us. One day, out of the blue, I had a conversation with a colleague, who asked, 'So, where can you see yourself in 5 years' time?' I answered, 'Oh, I'd love to be a midwife,' followed by a huge 'but... I'm too old, I'm not intelligent enough, I have no chance of getting into university as I have no A-levels. My colleague's reply was, 'Find a course and sign up now and start that A-level—the only thing stopping you is yourself!'

Over the next year or so, I gained an A-level in Health and Social Care, volunteered for Home-Start supporting a young mother and her two sons, and trained as a 'breast buddy' peer supporter, while still working at the bank. After requesting redundancy, I began an Access to Nursing and Midwifery course, and while taking the course I started volunteering on the maternity ward at my local hospital. I was fortunate to gain a place at the University of Greenwich and began my midwifery training in March 2013. And here I am, just over 5 years after that random conversation—a fully qualified midwife!

These past few years have made me realise that I wasn't too old, I do have enough intelligence and, yes, the only thing stopping me was me. I now feel like I have finally found my future; I just wish I'd had that conversation years ago!

BJM

Heidi Stone

Newly qualified midwife,
Lewisham and Greenwich NHS Trust

Curtis BR (2015) Recent progress in understanding the pathogenesis of fetal and neonatal alloimmune thrombocytopenia. *Br J Haematol* 171(5): 671–82. doi: 10.1111/bjh.13639